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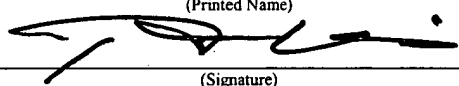
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Atty. Dkt. No. 051448-0204



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gil Gavriel DUDKIEWICZ et al.  
Title: SYSTEM AND METHOD FOR  
PROVIDING TIMING DATA FOR  
PROGRAMMING EVENTS  
Appl. No.: 09/992,882  
Filing Date: 11/16/2001  
Examiner: J. SALCE  
Art Unit: 2611  
Confirmation Number: 1063

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 830406298 US	June 7, 2006
(Express Mail Label Number)	(Date of Deposit)
Ruthie Vallejo	
(Printed Name)	
	
(Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the non-final Office action dated March 7, 2006, of the Examiner rejecting Claims 1,2,5-14,17-24,50,51,54-62 and 65-71.

☒ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

06/09/2006 WASFAW1 00000006 09992882

01 FC:2401

250.00 OP

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$250.00
	TOTAL FEE:	\$250.00

A credit card payment form in the amount of \$250.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7 June 2006

By Ronald Coslick

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